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PTO/SB/22 (10-00)Approved for use through 10/31/2002. OMB 0651-0031  
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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number  
230018.401C1

In re Application of Max Cynader et al.

Application Number 09/301,507

Filed April 28, 1999

For GENE SEQUENCES ASSOCIATED WITH NEURAL PLASTICITY AND  
METHODS RELATED THERETOGroup Art Unit  
1633Examiner  
James Martinell, Ph.D.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a Reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows  
(check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$_____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$_____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.	
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required to Deposit Account Number <u>19-1090</u> .	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, to Deposit Account Number <u>19-1090</u> .	

I am the  applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

June 29, 2001

Date

Signature

James M. Verna, Ph.D.

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231. (JMV:cew) #192025

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